

INDEX OF SURGICAL PROGRESS.

GENITO-URINARY ORGANS.

I. **Thirty-Six Suprapubic Lithotomies.** By DR. THEODOR S. ROSENBAUM (TIFLIS). The author describes 56 suprapubic lithotomies performed in the Mikhailovsky Hospital, partly by himself, partly by Dr. M. K. Golbeck and other house surgeons, during 1883-88. Of the 36 cases, 17 referred to Georgians, 7 to Armenians, 5 to Hebrews, 3 to Russians, 3 to Tartars and 1 to Ossete. Of the number, 29 recovered, 7 (19.44%) died in from 1 to 16 days after the operation, the high mortality being attributed to the series including a relatively large proportion of cases complicated by grave prostration, severe cystitis, pyelonephritis or other renal lesions. Eleven patients were aged from 2 to 5 (all recovered); 11 from 5 to 10 (2 died); 6 from 10 to 15 (2 died); 4 from 15 to 25 (all recovered); 4 from 25 to 40 (3 died). In 25 cases the duration of the disease varied between 2 months and 4 years (2 or 9.5% died); in 15 between 5 and 10 years (5, or 33.5% died). In 20 patients, their general nutrition was good, and the bladder sound (only 1 of them died, and that from peritonitis caused by an accidental injury to the peritoneum); 3 were well nourished, but had slight vesical catarrh (all recovered); 6 were of middling nutrition and intense cystitis (1 died); the remaining 7 suffered with severe prostration and intense catarrh of the bladder (5 died). The stone weight varied in 19 from 6.3 to 10 grammes (all recovered); in 27 from 11 to 80 grammes (7 died). An average stay in the hospital (in cases of recovery) was 34 days, the maximal 65, the minimal 14. As a rule, the urine commenced to flow through the urethra in a fortnight; in 4 cases on the third or fifth day. The essential details of the operations were these. The patient being placed on his back with elevated pelvis, the abdominal integuments were thoroughly

disinfected, and the bladder filled up with fluid through a metallic catheter (with an elastic tube attached to its end) by means of a syringe. The procedure over, the filled bladder was lifted up (except 3 cases where a colpeurynter was used) by means of 2 fingers introduced into the rectum and exercising a steady pressure on the vesical neck and fundus. The bladder was reached through a funnel-like wound, measuring from 4 to 8 cm. superficially, but gradually shortening in deeper layers, the vesical incision oscilated between 3 and 4 cm. After the extraction of calculi, the bladder was washed out with a $\frac{1}{3}\%$ solution of salicylic acid, the wound powdered with iodoform and plugged with iodoform gauze or, in cases of cystitis, supplied with a short drainage tube surrounded by the gauze and introduced either in the vesical cavity or only in the cavum Retzii. The drainage was usually removed on a second or third day, but kept somewhat longer in the presence of severe catarrh. In such cases the viscus was daily washed out with a tepid $\frac{1}{3}\%$ salicylic solution. The patient was always kept on his back. [Only 4 cases of the series are included in Dr. Solonika's collection of Russian high sections. (*Vide* ANNALS OF SURGERY.—*Reporter*] *Kavkazsky Meditsinsky Sbornik*, 1889, Vol. 49.

VALERIUS IDELSON (Berne).

II. The Question of Catheterization in the After-Treatment of Suprapubic Cystotomy. By H. LINDAUER. Lindauer considers the introduction of a permanent catheter, as well as frequent catheterization following suturing of the bladder in suprapubic cystotomy, the occasion of frequent mishap, in spite of the employment of the strictest antiseptis. Basing his practice on this opinion, he omitted this portion of the procedure in four cases; a single catheterization was done in one of these cases. The three other patients urinated spontaneously. Union by first intention occurred in the first three cases. In the fourth case Lindauer was compelled to resort to secondary suture, consequent upon a giving way of the sutures. This latter is attributed to violent coughing efforts on the part of the patient. Complete closure of the opening into the bladder thereupon followed. He suggested that it would seem to be particularly desirable to omit